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WHAT SCIENCE IS DOING FOR THE LEPER

By MARY MOSS

Philadelphia, Pa.

No ONE with capacity to thrill at courageous deeds should undervalue the sacrifice of Father Damien, but it has been softly whispered here and there that if the devoted Belgian had taken a little more stock in mundane precautions, refrained from eating out of the lepers' dishes and sharing their sleeping-quarters, his precious life need not necessarily have been sacrificed. Although occasionally enthusiasts elect to live—and die—in some distant leper colony, even among nurses there is an exaggerated horror arising from the terrifying legendary associations. More than one girl who unquestioningly serves her shift in crowded consumptive wards would hesitate at rendering the smallest service to a leper.

Although fully imbued with every popular superstition on this subject, I could not resist an opportunity to examine the government hospital in Spanish Town, Jamaica, where some three hundred cases of this disease are segregated. Primarily, of course, the object of the hospital is to segregate them from the community at large, as even the firmest believers in its non-contagious character do not advocate allowing ignorant and careless lepers to roam at large. In Jamaica incarceration is compulsory for all cases unable to furnish security that the strictest precautions shall be observed at home. The secondary object is to facilitate study of the etiology of this unconquerable scourge.

The doctor in charge, a vigorous young Jamaican of Scotch parentage, himself drove us out a long, white road, stretching indefinitely through scrub woods and logwood groves away from all habitations into the flat, dusty country. Finally we drew up before a gate in a high brick wall evidently surrounding many acres of land. In answer to the doctor's summons the folding wings were thrown open by a leper; in fact, all

the work of this establishment, except that of the doctor, his assistant, and a chemist, is portioned out among the inmates.

Inside was a grassy inclosure shaded by large, unfamiliar trees—cottonwoods, mangoes, breadfruits; scattered about were pavilions, either open at both ends or with one side of columns, not solid walls. Immaculate whitewash and the universal polished hardwood floor of Jamaica gave an air of dairy-like cleanliness. The small white beds were empty, the patients sitting here and there or strolling under the trees. It is better not to describe those battered derelicts, who show less semblance of humanity than the gnarled, misshapen sting on an oak-tree. Some had hands and feet, some had not. It was the same with faces. Yet to the doctor's genial, "How are you to-day?" each answered cheerfully in the hoarse, characteristic leper's voice, "Not too bad, massa." Then would follow a little matter-of-fact conversation about symptoms, never a complaint. Soon we were followed by a friendly troupe of such as could hobble, one stalwart fellow carrying on his head a great basin of disinfectants. Whenever the doctor touched a patient, instantly, with the mechanical movement born of infinite repetition, he washed his hands.

In the women's division we found the same cleanliness, the same absence of complaint, the same spectres.

Three sisters, whose collapsed figures and strange, leonine facial deformity showed an advanced stage of illness, looked like fabulously ancient crones; the eldest was but twenty-seven. One woman was squatted on the floor, crooning Heaven knows what African incantation.

"Well, Sarah," asked our guide, "what have you in that jug?"

"Oh," she answered gayly enough, "massa doctor knows. Day hot; thunder-ball keep drink cool."

A thunder-ball the doctor explained to be a smooth, round stone, the possession of which in the negro imagination is the equivalent of unlimited free ice tickets.

In a community of this kind, where many patients come in the initial stages, suffering no pain and little discomfort, with a possible fifteen years of life ahead, occupation is a necessity. So, as there is no fear of their contaminating one another, all cooking, cleaning, even much of the nursing, is done by the lepers, and still there is too much idleness. Feeling this, Dr. N. not only sees to their physical comfort, and keeps himself abreast of the latest scientific experiments, but has time and spirit to remember that each outcast has human need of daily interest.

To lessen the dreariness of their lifelong leisure he has turned farmer, and teaches them to raise fruit and vegetables, which they sell—

quite harmlessly—to the hospital. His questions showed him wonderfully in touch with the work of each patient, remembering without fail who had planted yams, whose plantains were hopeful, who was the proud owner of a clump of tobacco. Seeing this content, it was hard to realize that under a former administration the inmates occasionally grew unmanageable. There is a shocking story of a riot, when, led by a half-mad cripple, the whole colony got out of hand, threatening to escape. The Royal Jamaican Constabulary were called in, but their chief, an Englishman who might have sat as model to Kipling or Ouida, recounted with much simplicity, "Being afraid my men might club the poor devils, I tried to capture the ringleader myself!" A powerful negro, this wretch fought desperately, but the chief was strong enough to master and thrust him into a punishment cell, and would have closed the door on him but for the man's poking his stump of a wrist through the crack. Crushing would not have been painful, owing to the anæsthetic character of leprosy in certain phases, but the Englishman couldn't bring himself to shut the door on flesh and bone. In the tussle that followed before the rebel was overcome he attempted to bite through the chief's thick uniform. Failing this, he made efforts in another direction, hissing out: "I'll spit in your eye! I'll make you a leper like me!" And all this was told so simply! It was just in the day's work, ordinary, paid professional service, without an idea of heroism. Before my visit was over I saw an example of the power which remains to cripples who seem hardly strong enough to live another day. At the door of a great, mediæval-looking cook-house we were joined by an East Indian cooly man, straight-haired, straight-featured, with no visible mark of leprosy. He was half stripped, and ran towards us like a frightened partridge, pouring out a voluble flood of his native language. Listening with a smile, the doctor interpreted: "Jotân has given him a licking. Poor old man, he's really out of his head, but I can't bear to shut him up. He ought to be harmless enough. You wouldn't think he could tear the clothes off this fellow's back."

Just then we heard cries that could only be called blood-curdling, and a horror scuttled into view—a fierce old man, not disfigured, but wasted, his body contorted to the shape of an inverted W. Half sitting, nearly naked, he crossed the grass at an incredible pace, his sunken eyes glowing with hate, and screaming out a torrent of curses, the exact meaning of which was luckily veiled in Hindoostanee. Once in a while, as if fearing we might miss his intention, he would ring out the words: "Blood! Blood!"

It was no wonder his quarry fled up some steps which Jotân's ankylosed joints could not mount.

A pretty little mulatto boy not fourteen, with no outward blemish, shyly whispered to the doctor, who answered,—

“By all means, Quasshie, show the visitors your costumes.”

Then they led us to another pavilion, bright with the inexhaustible sunshine, and from a great chest this hobgoblin crew pulled out gay cotton robes, tinsel crowns, and a sceptre.

“It’s ‘Richard the Third,’” murmured the doctor. “They played it at Christmas. Yes, I drilled them myself and designed the clothes; they sewed them.”

“Missus, I was de queen,” said a faceless creature with happy pride. (“He wore a mask,” whispered the doctor.)

One limped forward, saying, “I was de Duke ob Buckingham.”

“Dis is de king’s crown; I wore it.” This player lacked hands, but managed, with stumps, to hold out the crown for us to admire.

Quasshie, the pretty little mulatto boy, roguish, merry, doomed, had been cast for a messenger.

The patients seemed as little conscious of misery as the doctor of danger. Nothing could have been more matter-of-fact. His business was to study the disease and care for its victims, that was all. Moreover, the experience of many years convinced him that intelligent precautions minimize the chances of infection. Dr. N. has not yet discovered the bacillus of leprosy, but declares that he lives in hopes of doing so, and perhaps living in hopes may be, on the whole, as helpful to the lepers as dying for them.

FEEDING AND THE USE OF RESTRAINT IN CARING FOR THE INSANE

(Continued from page 4)

By FLORENCE HALE ABBOT, M.D.

Resident Physician, Taunton Insane Hospital, Mass.

SECOND PAPER—RESTRAINT

THE question of the use of restraint in the care of the insane is one about which there has been and still is a great deal of discussion. In former days much restraint was used, and that very inhuman and often unnecessary. Let us be thankful that the days of the chain and the anklets are forever gone in all civilized countries. Many authorities hold that no mechanical restraint should be used, and rely entirely on the strength, forbearance, and even temper of attendants and nurses in controlling violent or suicidal patients. Others hold that manual restraint allows opportunity for, and even invites, abuse on the part of